

27th Annual Run Against Diabetes

5k, 2-Mile, Mile Walk & Kid's Dash

Inspire Our Community to Live a Healthy & Active Lifestyle

We welcome all runner & walkers

Salt River High School Athletics Building

(4827 N. Country Club Drive)

Saturday, November 22, 2014

First event starts at 8:15 am

Onsite registration & pre-registration pick-up starts at 7:00 am

Events:

- Kid's Dash ~ start time 8:15 am
- Mile Fun Walk~ start time 8:30 am
- 2 Mile ~ start time 8:40 am
- 5k ~ start time 8:45 am

Entry Fees:

SRPMIC Enrolled Community Members (w/SRID) – Fee Waived

NON SRPMIC Enrolled Community members – Entry Fee

- 12 & under \$5.00
- 13 – 54 yrs. \$10.00
- Seniors 55+ \$5.00

Individuals with Diabetes – Fee Waived

Make money orders and checks payable to:

SRPMIC Diabetes Program

Mail to:

SRPMIC Diabetes Program

Attention:

Roberta Johnston

Health Service Building #13

10,005 E. Osborn Rd

Scottsdale, AZ 85256

Mail in Deadline: November 19, 2014

5K: Awards will be presented to 1st and 2nd place Male and Female in the 5k.

12 & under, 13 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60+

2 Mile:

1st and 2nd Finisher (12 and Under)

1st and 2nd Finisher (13 -59)

1st and 2nd Finisher (60+)

Kid's Dash:

Awards based on age group; non gender placing. 1st, 2nd and 3rd place in the following age groups: (4 – 6), (7 – 9), (10 -12)

Traveling Team Award:

Travel Award goes to the Native Community with most participants who came out to run or walk in the event.



More info and questions call: 480-362-7320/7342



REGISTRATION FORM:

Please circle event you will be participating in: 5k 2 Mile 1-Mile Fun Walk Kid's Dash: (4-6) (7- 9) (10-12)

T-shirt size: (Adult only) XS S Med Lg XLg 2XLg 3XLg

First Name: _____ Last Name: _____

Sex: Male Female DOB: / / Age Day of Race: SRPMIC ID#: 615-U-

Address Number and Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: () ---

SRPMIC Community Member: YES NO SRPMIC Community Resident: YES NO SRPMIC Community Employee: YES NO

Other Community: _____ Do you have Diabetes: YES NO (entry fee is waived)

In consideration of my participation in the Health Services' Diabetes Program's **27th Annual Run Against Diabetes** on **Saturday, November 22, 2014**, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Diabetes Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

Participants Signature: _____ Date: _____
(Need Guardian's Signature, if under the age of 18 yrs.) ^